

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403870221

Date Received:
07/30/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

. General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000173

Inspection Date: 11/30/2023

FIR Submit Date: 12/04/2023

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 326640

Location Name: MASON ARTHUR GAS UNIT Number: 20SESE County: _____
B-M34N9W

Qtrqr: SESE Sec: 20 Twp: 34N Range: 9W Meridian: M

Latitude: 37.172467 Longitude: -107.843228

FACILITY - API Number: 05-067- -00 Facility ID: 326640

Facility Name: MASON ARTHUR GAS UNIT Number: 20SESE
B-M34N9W

Qtrqr: SESE Sec: 20 Twp: 34N Range: 9W Meridian: M

Latitude: 37.172467 Longitude: -107.843228

CORRECTIVE ACTIONS:

2 CA# 188847

Corrective Action: Comply with rule 606, Remove and properly dispose of debris.

Date: 11/30/2023

Response: CA COMPLETED

Date of Completion: 07/30/2024

Operator Comment: Wood debris and soil pile removed.

ECMC Decision: Approved pending re-inspection

ECMC Representative: Approved pending re-inspection. Based on photo documentation provided, work to address the corrective action appears to have been performed. A field inspection will be conducted at a future date to evaluate compliance with ECMC rules.

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed. See attached photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 7/30/2024 9:30:51 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403870221	FIR RESOLUTION SUBMITTED
403870232	Arthur mason B2_CAphotos

Total Attach: 2 Files